

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Alston et al. Application No: 10/714,511 Confirmation No. 9835 Filed: November 14, 2003 Title: AEROSOLIZATION APPARATUS WITH NON-CIRCULAR AEROSOLIZATION CHAMBER	Group No: 3771 Examiner: Dixon, Annette Fredricka Attorney Docket No: 53305-US-CNT (NK.0175.00) November 10, 2009 San Francisco, CA 94107
---	--

Mail Stop Appeal Briefs-Patents Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Via EFS <input type="checkbox"/> Response to Final Office Action <input type="checkbox"/> Comments on Statement of Reasons for Allowance <input checked="" type="checkbox"/> Notice of Appeal (Form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$130.00</td> <td style="text-align: center;">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,110.00</td> <td style="text-align: center;">\$555.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">Total \$ 0.00</td> </tr> </table> <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	Total \$ 0.00		
Extension (Months)	Extension Fee																		
	Large Entity	Small Entity																	
<input type="checkbox"/> One Month	\$130.00	\$65.00																	
<input type="checkbox"/> Two Months	\$490.00	\$245.00																	
<input type="checkbox"/> Three Months	\$1,110.00	\$555.00																	
Total \$ 0.00																			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	44	44	0	\$52.00	\$26.00	\$0.00
Independent Claims	4	4	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims	0	0	0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Notice of Appeal</td> <td style="width: 50%; text-align: right;">\$540.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$540.00</td> </tr> </table> <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$540.00 . CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a) I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 263-8300; or electronically submitted via EFS on the date shown below: By: <u>Melanie Hitchcock</u> Date: <u>November 10, 2009</u> Melanie Hitchcock	Notice of Appeal	\$540.00	Fees for Extra Claims	\$0.00	Total	\$540.00	Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> . Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080 Respectfully submitted, <div style="text-align: center;"> By: <u>Guy V. Tucker</u> Date: <u>November 10, 2009</u> Registration No. 45,302 </div>
Notice of Appeal	\$540.00						
Fees for Extra Claims	\$0.00						
Total	\$540.00						